

Learning Partner Information Form

Please complete and return this form by return e-mail to camartz@lanl.gov or bargeloh@lanl.gov or by interoffice mail to Carol Ann Martz or Sue Bargeloh, HR-6 T&D, MS M589.

Name _____ Z# _____ Phone _____

Fax _____ MS _____ Org. _____ E-mail _____

I would like to participate in the Mentoring Program as a ___ **Mentor** OR ___ **Mentee** (Check one.)

Years of LANL service _____ Current job title _____ Series & Level _____
(For example, OS-5, TEC-6, TSM)

Immediate supervisor _____ Phone _____ MS _____

___ I would like to participate in the program at a later date.

Which 9/80 schedule do you work? A ___ B ___ Other ___

As a mentor, I can provide the best guidance in the following: (Check all that apply.)

___ Laboratory culture ___ Network/contacts ___ Diversity awareness

___ Leadership/management skills ___ Laboratory collaboration ___ Career development

___ Technical guidance in _____ ___ Other _____
Please specify. Please specify.

___ Programmatic guidance in _____
Please specify.

***** **OR** *****

As a mentee, I would like to receive guidance in the following: (Check all that apply.)

___ Laboratory culture ___ Network/contacts ___ Diversity awareness

___ Leadership/management skills ___ Laboratory collaboration ___ Career development

___ Technical guidance in _____ ___ Other _____
Please specify. Please specify.

___ Programmatic guidance in _____
Please specify.

I have a preference to be partnered with someone as follows: (Check only those that apply.)

___ same gender ___ same ethnic background _____ ___ same directorate
Please specify.

For Prospective Mentees Only: This section of the form must be completed.

Please suggest the name of a person who might serve as your learning partner. (You do not need to know the person.) If you do not have any suggestions of a possible learning partner, please indicate organizations from which you would like to have a partner.

My suggestions for a **learning partner** are as follows: (Include name, title, and organization.)

1. _____
2. _____

My suggestions for an **organization** from which I would like to have a learning partner.)

1. _____
2. _____

I consider myself to be an expert in this area: _____

The area of greatest **professional** interest to me at LANL is _____

Note: *Your area of interest does **not** have to correspond to your area of expertise.*

I consider these three attributes to be my greatest **professional** strengths: (List technical, programmatic, or management skills.)

1. _____
2. _____
3. _____

For Prospective Mentees Only: This section of the form must be completed.

I would like a learning partner to help me achieve the following in the next year:

As necessary, please attach additional information about you that should be considered in the matching process.